STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145234	A. Building B. Wing	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pearl Pointe Nursing Rehab & Care	900 South Kiwanis Drive Freeport, IL 61032

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure sufficient staffing was scheduled to provide resident cares. This applies to all 64 residents residing in the facility.The findings include:The facility provided a census report dated 5/17/26 showing 64 residents residing in the facility. The same census showed 30 residents residing on the first floor and 34 residents residing on the second floor.The facility's nursing and CNA (Certified Nursing Assistant) schedule and actual timecards for 5/10/26 were reviewed and showed V12 CNA as the only aide on the first floor from 6AM through 2PM. The facility's schedule and actual timecards for 5/8/26 showed V13 CNA was the only aide on the floor from 6PM through 10 PM.On 5/17/26 at 12:56 PM, R4 (Resident Council President) said they hold a resident council meeting monthly. R4 said the facility's lack of staffing is often the subject of discussion.R1's face sheet showed he was admitted to the facility 1/14/25 with diagnoses to include chronic obstructive pulmonary disease, partial traumatic amputation at level between knee and ankle, reduced mobility, acute respiratory failure with hypoxia, complete traumatic amputation of right shoulder and upper arm, major depressive disorder, superficial frostbite of other sites, hypothermia, and traumatic ischemia of muscle. R1's facility assessment dated [DATE] showed he has no cognitive impairment and dependent on staff for all cares. R1's Care Plan initiated 1/14/25 showed, Resident has a self-care deficit. ?Pair Care' (2 assist due to behaviors) needed for ADL (activities of daily living) assistance; 2 assist with turning and repositioning; . Resident is dependent with ADL care; provide total assistance in all aspects of hygiene/dressing; Resident is non-ambulatory; assist with wheelchair locomotion as needed; Toilet with 2 assist; Total assist with meals; Transfer with mechanical lift x 2. R1's care plan initiated 1/15/25 showed, Resident has amputation of right (above knee amputation), left (above knee amputation), right arm, left arm.On 5/17/26 at 10:59 AM, R1 was sitting up in bed. R1 had both arms and both legs amputated. R1 said, They use a [mechanical lift] for me, I don't really get up in the chair too much because it is uncomfortable and it's a pain in the butt to get me up. I use my call light. the time it takes to get answered depends a lot on the staffing. Lately it hasn't been as often, but a week ago, it was taking 30-45 minutes to get my call light answered. I am not satisfied with my care here. I have issues getting my showers. I received a shower last Monday but before that it was two weeks that I had to go without one. I pretty much had to force them to give me my shower. At times, there is just one CNA here. It happened just the other day. It was actually on Mother's Day (5/10/26). They told me there was only 1 CNA here. I need help getting the urinal and bedpan. I try to be as self-sufficient as possible, but I can't do much without arms and legs. I wear a brief, but I try to be continent but sometimes, I just can't hold it anymore.R2's face sheet showed he was admitted to the facility 12/11/23 with diagnoses to include chronic respiratory failure with hypoxia, hypertension venous insufficiency, lymphedema, atrial fibrillation, morbid obesity due to excess calories, fluid overload, cellulitis of right lower limb, bed confinement status, and bilateral localized swelling of lower limbs.R2's facility assessment dated [DATE] showed he has no cognitive impairment and is dependent on staff for toileting, showers, lower body dressing, and bed mobility. R1's care plan initiated 12/11/23 showed, The resident has incontinence of bladder and/or bowel. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer appropriate cleansing # peri-care after each incontinent episode. R2's care plan initiated 12/11/23 showed, Resident has a self-care deficit. 2 assist with turning and repositioning; . uses bedpan as needed . R1's care plan initiated 3/3/25 showed, The resident is above ideal body weight range. Resident fits criteria for morbid obesity. current body weight 576 lbs.On 5/17/26 at 12:40 PM, R2 said they try and use 3 CNAs to provide his cares because of his large size. R2 said there are times there is just one CNA working the second floor and if he has a bowel movement and needs changed, they will tell him it is going to be a little bit because they are going to have to find someone from downstairs to come and help. R2 said it can take between 1 and 2 hours for someone to be able to come up and get him changed after a bowel movement on those days. R2 said this happens a couple of times a month that there is only one CNA scheduled for the entire second floor. On 5/17/26 at 9:23 AM, V9 CNA said, If someone calls off, we are just stuck. About once a week, we are asked to work up here with just 2 CNAs. This is a very heavy floor for care. It is very hard with 2.On 5/17/26 at 11:14 AM, V4 LPN (Licensed Practical Nurse) said there are times when there is only one CNA scheduled for the first floor. V4 said often, there is one CNA scheduled for the first floor and two on the second floor with one that is expected to float to the first floor to help out.On 5/17/26 at 1:45 PM, V13 CNA (Certified Nursing Assistant) said, I have worked by myself so many times. As far as I have been told, I'm not by myself because theres a nurse present. I've been back on the floor about 6 months now. When I first started, there was always 3 down here on the first floor, then there was 2, but it's been just me now for the whole first floor. The problem with that is, there are 5 residents down here who we use the [mechanical lift] for transfers, and you are supposed to have two people for the mechanical lifts, but when you are by yourself, you do what you do. On this floor, it's constant call lights, can't get charting done. There is a guy down here with no arms and no legs, we can't answer call lights on time, and there have been times that he has missed out on baths because we have been short-handed. The biggest issue is doing mechanical lifts by yourself. I don't know what they think we are doing. I just do them. Typical staffing now, is one first floor and one second floor, and if there is a 3rd person, they float. Usually, the upstairs aides get me for repositioning [R2], I'll be in the middle of something, but I'll go as soon as I'm done. They don't ask me very often because [R2] makes me hurt because he is so heavy. The weekends are the ones we have the most problems with because the girls want to leave at 6 PM so I end up by myself then. It's usually about 4 hours that I'm by myself. Two weekends ago, I really worked by myself. It used to always be two aides on each floor because then you could provide the resident's cares when they need them, not when you finally can get time to get to them.On 5/18/26 at 10:39 AM, V12 CNA said, I did have to work by myself last weekend on Sunday (5/10/26). Quite frankly, it was rough being the only aide on the floor. I asked for help and was told I would basically have to figure it out. It's challenging to get people up safely, get them down to meals, and it is really hard to get people fed. There are people who eat in their rooms that need to be physically fed and people in the dining room that need to be fed. I was trying to pull the nurse from her medication pass to get help with people who need 2 people to transfer. That was setting her back as well. I couldn't do showers. I'm being honest. On my weekends, they basically schedule 2 CNAs on the second floor and 1 CNA on the first floor. They put other people on the schedule and then both parties are saying there was a miscommunication when people aren't showing up. We have people that take 3 people to turn and reposition because they are quite large. I wouldn't say that there have been injuries from people getting transferred without the right number of staff, but I would say there are falls because people are just transferring themselves because it takes us so long to get to them when they need care.On 5/17/26 at 12:14 PM, V11 (Social Services) said, I was the manager on duty last weekend. They usually like to run 3 CNAs upstairs and 2 downstairs. Sometimes they will staff 2 upstairs and 2 downstairs. It all depends on census.On 5/17/26 at 12:25 PM, V1 (Administrator) said, Typically we schedule 2-3 upstairs and 1-2 downstairs for day shift and evening shift and on night shift, we schedule 2 upstairs and 1 downstairs.The facility does not have a staffing policy and procedure. The Resident Right's Booklet for People Living in Long Term Care (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	facilities with revision date of 11/18 showed, . Your facility must provide services to keep your physical and mental health, at their highest practical levels.